



## City of Marquette Short-term Rental Waiting List Request

General 1. Property address	ss:		2. Nu	umber of dwelli	ng units:	
3. Property Owner	ship Name:					
	(if ownership is an LLC/Busine					
5. Contact Address	s:	6.City:		7.State:	8.Zip:	
9. Phone (home):_		10.Cell:				
11.Email:						
parcel number and not an application email listed above	property be placed on the short- d owner listed and that only one and should an opportunity to ap and that I will need to submit a short-term advertising or use of	request may be oply become avail complete applica	filed per parcel nur ilable, I will be cont ation and meet all re	mber. I also un tacted at the ac equirements to	derstand that this is	
12. Signature of owner(s) (required):				13.Date:		
	Marquette City Fire DeptRenact: Jen Jakubowski, Admin.			rquette, MI 49	<b>9855</b>	
Fire Department	Date Received:		Time:	Initi	als:	
	Ownership matches applicant	: YES NO	Placed on Wait	ting List: YES	NO	
OFFICE USE ONL	Y		7-			
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